

General

Title

The Medicare Health Outcomes Survey: percentage of members whose health status was "better than expected," "the same as expected" or "worse than expected" at the end of a two-year period.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 6, specifications for the Medicare health outcomes survey. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Outcome

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure provides a general indication of how well a Medicare Advantage Organization (MAO) manages the physical and mental health of its members. The survey measures physical and mental health status at the beginning of a two-year period and again at the end of a two-year period, when a change score is calculated. Each member's health status is categorized as "better than expected," "the same as expected" or "worse than expected," accounting for death and risk-adjustment factors. MAO-

specific results are assigned as percentages of members whose health status was better, the same or worse than expected.

Rationale

The Medicare Health Outcomes Survey (HOS) measure looks at keeping Medicare members healthy, with a high health-care-related quality of life. It assesses the organization's ability over time to maintain or improve the health status of its members. The measure is designed to quantify the physical and mental health of the Medicare population at the beginning and end of a defined period. The HEDIS Medicare HOS is the primary health outcome measure for seniors enrolled in a Medicare health plan.

Evidence for Rationale

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Primary Health Components

Physical health; mental health; functional status

Denominator Description

Medicare members age 18 years and older on the date when the sample is drawn who completed a baseline and two-year follow-up Medicare Health Outcomes Survey (HOS) (see the related "Denominator Inclusions/Exclusions" fields)

Numerator Description

Members from the denominator whose physical and mental health status was "better than expected," "the same as expected" or "worse than expected" at the end of the two-year period

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where

applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Managed Care Plans

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age 18 years and older

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Two-year baseline and follow-up survey administration period

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Medicare members age 18 years and older on the date when the sample is drawn who completed a

baseline and two-year follow-up Medicare Health Outcomes Survey (HOS)

Note: Complete survey = 80 percent or more of the total pertinent questions are answered and all Activities of Daily Living (ADL) items (10a-f) are answered. Questions that are part of a skip pattern are excluded from calculation of percentage complete.

Exclusions

Members assigned one of the following disposition status codes are ineligible for the survey:

- Deceased*

- Not enrolled in the Medicare Advantage Organization (MAO)

- Language barrier

- Removed from sample

- Duplicate, beneficiary listed twice in the sample frame

- Bad address and nonworking/unlisted phone number, or member is unknown at the dialed phone number

- Nonresponse:

 - Partial complete survey (between 50 percent and 79 percent completed *or* 80 percent or more completed with an ADL item unanswered)

 - Break-off (less than 50 percent completed)

 - Refusal

 - Respondent unavailable

 - Respondent physically or mentally incapacitated

 - Respondent institutionalized

 - Nonresponse after maximum attempts

*Deceased members are excluded from follow-up samples but are included in the calculation of HOS results.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Members from the denominator whose physical and mental health status was "better than expected," "the same as expected" or "worse than expected" at the end of the two-year period

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Patient/Individual survey

Type of Health State

Functional Status

Instruments Used and/or Associated with the Measure

Veterans RAND 12-item Health Survey (VR-12)

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Frequency Distribution

Rate/Proportion

Interpretation of Score

Desired value is a score falling within a defined interval

Allowance for Patient or Population Factors

not defined yet

Description of Allowance for Patient or Population Factors

The Health Outcomes Survey (HOS) questionnaire contains a number of items that provide information needed for adjustment of observed outcomes to account for risk outside of Medicare Advantage Organization (MAO) control, such as chronic comorbid conditions and functional limitations. Risk adjustment is essential for meaningful and valid plan-to-plan comparison of health outcomes.

Plan-to-plan comparison of health outcomes is also adjusted for a number of respondent characteristics at baseline, including age, gender, race, education and chronic conditions. Results of the risk-adjusted outcomes are aggregated across respondents for each MAO.

Standard of Comparison

not defined yet

Identifying Information

Original Title

The Medicare Health Outcomes Survey (HOS).

Measure Collection Name

HEDIS 2016: Health Plan Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Measures Collected Through Medicare Health Outcomes Survey

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

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Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 6, specifications for the Medicare health outcomes survey. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

Companion Documents

The following is available:

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI on June 16, 2006. The information was not verified by the measure developer.

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Production

Source(s)

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